IREMARSE

Kansas State Fire Marshal – Fire Prevention Division

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Facility Types: Federal healthcare

If a facility is unable to correct a deficiency within 30 days from inspection exit date, the facility may submit a waiver for an extension of time. KSFM will review and make determinations on waiver extensions of up to 6 months from inspection exit date. Any request for time that exceeds 6 months must be submitted to CMS for their determination.

Note: All waiver requests must be submitted along with the initial plan of correction response.

Submitting your waiver

The plan of correction must address how the deficiency will be corrected (as stated in the instructions above), however the facility must also address the deficiency on the waiver form. A separate waiver request form must be submitted for each deficiency that will not be corrected within 30 days. The following criteria must be documented on the waiver request form:

- Evidence the deficiency does not pose a hazard to the occupants
- How immediate correction would pose a hardship to the facility
- Indicate construction milestones (i.e get bid by (date), have plans submitted by (date), etc.)
- Additional safety measures that will be implemented to compensate for the delay in correction

Additional Safety Measures

The facility must implement additional safety measures to compensate for the delay in correcting the original deficiency. Each facility must implement at least two additional safety measures for each waiver request. The following is a list of additional safety measures that have been approved. The facilities may also come up with their own additional safety measures.

- Additional single-station smoke detection (REQUIRED)
- Additional sprinklers/water curtain
- Safety rounds (dedicated person, all areas of the facility inspected for fire safety issues)
- Infrared inspection of motors and electrical panels
- Additional inspections or maintenance
- Local fire department completes monthly or quarterly inspections
- Local fire department completes a review of emergency plans
- Modified fire watch
- HVAC shut down tied to the fire alarm system
- Install complete sprinkler system
- Hire a structural/fire protection engineering firm to develop a plan of action
- Install a horizontal exit
- Additional training in emergency procedures
- Hands-on fire extinguisher training
- Practical and/or competency skills testing
- Additional fire drills for performance issues
- Request KSFM presentation during staff in-service

Extensions

Extensions must be requested prior to the facility's timeframe for submitting evidence of completion. Waiver requests submitted after the initial plan of correction approval will only be approved on a limited basis and only due to extreme circumstances.

Kansas State Fire Marshal – Fire Prevention Division

CCN#

Name of Facility:

City/State:

| Phone #: | | Contact Name/Title: | | |
|---|--|-----------------------|----------------------------|------|
| Survey Date: | | K-Tag: | Requested Waiver End Date: | |
| Due Dates | Justification | | | |
| Send information to your Fire Authority on the following dates | Evidence the deficiency d | loes not pose a hazar | d to the occupants: | |
| Milestones | How correction of the def | iciency poses a hard | ship to the facility: | |
| | Construction milestones: | | | |
| Evidence of Correction (within 15 days of end date) | Additional safety measures implemented to compensate for the deficiency: | | | |
| | Failure to follow the plan may result in waiver revocation and enforcement actions | | | |
| Administrator (Signature) | | Title | | Date |
| Corporate Office (Signature) | | Title | | Date |
| | | | | |